
APPENDIX A:

**Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in

the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

- (2) The State agency:
 - (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

- (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

- (5) The State agency:
 - (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

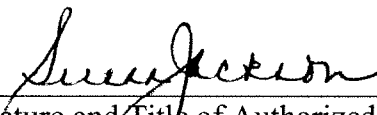
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.



Signature and Title of Authorized Official
*Acting Director
Executive Office on Aging*

7/11/07
Date

APPENDIX B:
Objectives, by Area Agencies on Aging

Kauai Agency on Elderly Affairs

Goal	Objectives
Goal 1: The AEA will develop a comprehensive and coordinated system of supportive services responsive to the needs and preferences of older adults and their family caregivers and in accordance with all federal requirements.	1-1 Older adults with greatest economic need will be given preference for services.
	1-2 Older adults with disabilities and in greatest social need will be given preference for services.
	1-3 Older adults with limited English proficiency or language barriers and in greatest social need will be given preference for services.
	1-4 The AEA will have a disaster plan in place and have staff trained and informed on disaster preparedness procedures for AEA and the education of older adults.
	1-5 The AEA will provide for and encourage capacity-building opportunities for service providers and make efforts to identify other potential resources.
	1-6 EOA and AEA will work collaboratively on Medicaid Long Term Care Reform issues and activities, with guidance from the Administration on Aging.
Goal 2: Older adults and their caregivers have access to information and an integrated array of health and social supports.	2-1 60% of older adults served will have increased knowledge on how to access programs and services.
	2-2 75% of older adults served will be linked to programs and services.
	2-3 60% of older adults served were successfully linked or eligible for services and benefits, including assistance with Medicare Part D enrollment.
	2-4 By 2009, AEA will have a comprehensive inventory of services available to aging and disability networks.
	2-5 By 2009, AEA will have a workplan for an efficient information access system.
	2-6 By 2010, KAEA will have the infrastructure to establish an ADRC.
	2-7 By 2010, AEA will operate an ADRC for its county.
	2-8 By 2011, older adults, persons with disabilities, and caregivers identified will have increased understanding of ADRC and know what number to call for help.
	2-9 By 2011, older adults, persons with disabilities, and caregivers identified will have increased understanding on the need to plan for eldercare and who to call for help.

Goal	Objectives
Goal 3: Older adults are active, healthy, and socially engaged.	3-1 65% of older adult volunteers expressed satisfaction in remaining active and socially engaged thru volunteerism.
	3-2 65% of older adults who volunteer improve/retain physical, mental, and/or emotional well-being.
	3-3 75% of volunteer stations express positive impact on their agency and services as a result of services received by volunteers.
	3-4 Community agencies and government have cost-savings as a result of volunteer services.
	3-5 By October, 2007, 100% of partners are satisfied with the 1 st year implementation of the evidence-based physical activity program called Enhance Fitness.
	3-6 By October, 2007, the AAA has a cadre of instructors certified in an evidence-based physical activity program called Enhance Fitness.
	3-7 By October, 2007, aging service provider has the skills to implement the program.
	3-8 By 2010, six sites have successfully implemented the evidence-based disease prevention program called Enhance Fitness.
	3-9 By 2010, Enhance Fitness program is replicated with fidelity.
	3-10 By October, 2007, 75% of participants have improved strength, balance, and walking.
	3-11 By 2010, 75% of participants have improved strength, balance, and walking as a result of the evidence-based physical activity intervention (Enhance Fitness).
	3-12 By 2010, 120 participants have successfully completed an evidence-based physical activity program (Enhance Fitness).
Goal 4: Families are supported in caring for their loved ones.	4-1 60% of family caregivers identified have support options in caring for their older adults.
	4-2 60% of family caregivers identified are satisfied with the services provided.
	4-3 By 2009, KAEA will increase services to caregivers, through support groups, training sessions, and informational activities.
	4-4 By 2011, KAEA will expand on the existing system to support family caregivers in: <ul style="list-style-type: none"> • coordinated services; • training and education; • respite services • balancing work and caregiving.

Goal	Objectives
Goal 5: Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.	5-1 75% of older adults served have increased knowledge on how to access legal services.
	5-2 75% of older adults served can accurately identify at least two resources on rights, benefits, and protection from abuse.
	5-3 By September, 2009, partnerships are established and scope and protocol clarified with AEA and community agencies to collaborate on inter-agency communication and procedures.
	5-4 By January 2008, EOA will establish community partnerships, with support from the AEA, to address resident rights in long term care facilities.
	5-5 By September 2008, the EOA, AEA and community partners have a plan for recruiting, training, and supporting volunteers to speak on behalf of residents in long term care facilities.
	5-6 By September 2008, volunteers will have successfully completed Long Term Care Ombudsman (LTCO) training.
	5-7 By September 2009, there will be at least one LTCO Volunteer Representative in each nursing facility and assisted living facility to advocate on behalf of residents.
Goal 6: Older adults have in-home and community based long term care options.	6-1 60% of clients and families served, including those at-risk for institutional placement, have support options to remain at home in the community.
	6-2 60% of clients and families served are satisfied with the services provided.
	6-3 60% of clients and families served expressed that service(s) received helped them to remain at home.
	6-4 By September 2008, EOA and KAEA examine various options for long term care, including cash and counseling.
Goal 7: Hawai'i's communities have the necessary economic, workforce, and physical capacity for an aging society.	7-1 By September, 2009, minimum of five partnerships are developed between AEA and community agencies to collaborate on workforce development strategies.
	7-2 By September, 2009, AEA will have a list of workforce development resources.
	7-3 KAEA will support the State Highway Safety Plan which will include strategies to reduce older adult pedestrian casualties in the state.

City and County of Honolulu

Goal	Objectives
Goal 1: Older individuals and their caregivers have access to information and an integrated array of health and social supports.	1-1 Clients using the ADRC will say they were able to access information to health and social supports for older individuals, persons with disabilities, caregivers and others, will have an increased understanding of the need to plan for long-term care; and will know who to call for help.
	1-2 As a result of EAD's ability to fully staff its I&A section, 1 on 1 contacts to targeted older individuals (older individuals residing in rural areas, with greatest economic need, with greatest social need, with severe disabilities, with limited English-speaking ability, with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, at risk of institutional placement) and their caregivers will increase by 25%.
	1-3 As a result of the development and implementation of a training program, I&A staff will be prepared to support the implementation of the virtual ADRC.
	1-4 Information made available through EAD's publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	1-5 Clients receiving one on one assistance by I&A staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment.
Goal 2: Older individuals are active, healthy and socially engaged.	2-1 The Chronic Disease Self-Management program is embedded in the Aging Network.
	2-2 Health Maintenance will be transitioned to an evidence-based program resulting in participants reporting reduce illness and injury as well as improved strength, balance and well-being.
	2-3 Nutrition Education will be transitioned to an evidence-based program resulting in the improved nutritional risk status for participants.
	2-4 New partnerships with the State Department of Health will result in the increased rate of immunization among older adults.
	2-5 The rate of falls involving older individuals is reduced as a result of collaborative efforts in falls prevention.
	2-6 Older adult volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional well-being as a result of their volunteer experience.

Goal 3: Families are supported in caring for their loved ones.	3-1 Caregivers have access to services a coordinated system of in-home, community based services, for the older individuals through the Kupuna Care program and report these services meet their needs and support their ability to continue providing care.
	3-2 Caregivers have access to services through a coordinated system of gap-filling, supportive, community based services for older individuals funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.
	3-3 Caregivers have access to services for themselves through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.
	3-4 Improved access to information and support to caregivers through the WE CARE program will reduce stress and absenteeism and support their ability to continue providing care as well as increase productivity benefiting employees as well as employers.
	3-5 Improved access to information and support to caregivers through the MAKING THE LINK program will reduce stress and increase their access to health care supporting their ability to continue providing care.
Goal 4: Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.	4-1 Older residents residing in long-term care facilities are ensured of their rights and benefits as a result of the partnership of the State Executive Office on Aging's Long-Term Care Ombudsman and EAD to develop a cadre of Volunteer Representatives.
	4-2 At least 500 at risk older individuals will receive legal services and report they feel less at risk for abuse, neglect and exploitation.
	4-3 As a result of the Case Management Service for Abused Elders program, abuse, neglect and/or exploitation of program participants will be reduced.
	4-4 Information made available through EAD's legal publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	4-5 As a result of access to information about legal services, older individuals can accurately identify at least 2 resources on rights, benefits or protection from abuse.
Goal 5: Older individuals have in-home and community based long-term care options.	5-1 By September 2008 the State Executive Office on Aging and the Area Agencies on Aging will examine various options for long-term care financing including but not limited to cash and counseling.
	5-2 At least 3,300 frail older individuals will receive services through the Kupuna Care program, a coordinated system of in-home, community based services. They will report that these services meet their needs and support their ability to remain at home.

	5-3 At least 10,000 older individuals will receive services through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding,. They will report that these services meet their needs and support their ability to remain at home.
Goal 6: Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.	6-1 On an ongoing basis, EAD will participate in groups working to ensure the development and availability of a comprehensive, affordable and accessible public transportation system that supports the ability of older individuals to age in place in the community of their choice.
	6-2 On an ongoing basis, EAD will participate in groups working to ensure that the State and County Highway Safety Plans include strategies to reduce casualties to older individuals as a result of walking, riding bicycles and/or driving or riding in/on a motorized vehicle.
	6-3 On an ongoing basis, EAD will work with housing authorities, developers, owners and non-profits to ensure the development of comprehensive and affordable housing that supports the older individuals' ability to age in place in the community of their choice.
	6-4 On an ongoing basis, EAD will work with groups to develop strategies to address the development of an adequate workforce to assist older individuals, whether they live at home or in institutional settings.

County of Maui

Goal	Objectives
Goal 1: Older Adults and their caregivers have access to information and an integrated array of health and social supports.	1-1 Older adults receive I&A services and are linked to appropriate services or resources.
	1-2 Older receive I&A services, and are able to make informed decisions on available services and programs.
	1-3 Older adults will be informed of programs, services, and issues that relate to aging.
	1-4 Older adults who have greatest social need (GSM), especially those who are frail, geographically isolated and who have no capacity to speak English, will have access to appropriate services and will increase their understanding of aging issues.
	1-5 Older adults with Greatest Social Need (GSN), Greatest Social Need and Living Alone (GSNLI) and Living Alone (LI), especially those with low income and in who are of ethnic minorities, will be outreached and provided with information assistance and referral.
	1-6 Older adults residing in rural areas will have access to information assistance, outreach and referral services.
	1-7 Maui County will strive to have an ADRC on each island in Maui County with Executive Office on Aging Support.
Goal 2: Older Adults are active, healthy, and socially engaged.	2-1 Older adults will have their needs met by receiving community-based services.
	2-2 Frail older adults will receive case management services to be able to live independent, meaningful and dignified lives and remain at home.
	2-3 Frail older adults identified by the Maui County Office on Aging will receive personal care services to be able to live independent, meaningful and dignified lives and remain at home.
	2-4 Frail older adults will receive home maker/ house keeping services to be able to live independent, meaningful and dignified lives and remain at home.
	2-5 Frail older adults will receive Kupuna Care Transportation Services to be able to live independent, meaningful and dignified lives and remain at home.
	2-6 Frail older adults will receive home delivered nutrition services to be able to live independent, meaningful and dignified lives and remain at home.
	2-7 Frail older adults will participate in friendly visiting/ telephone reassurance services to help them live independent, meaningful and dignified lives by decreasing their feeling of loneliness and isolation.

	2-8 Frail older adults will participate in an adult day care program and will be prevented from premature institutionalization
	2-9 Caregivers of older adults will participate in support services to prevent them from experiencing burn out.
	2-10 Grandparents Raising Grandchildren will participate in support services to prevent them from experiencing burn out.
Goal 3: Families are supported in caring for their loved ones.	3-1 Family Caregivers will receive supportive caregiver services and an increase the amount of time for them to tend to their own daily activities.
	3-112 An annual Caregiver Conference will provide Family Caregivers information on available resources, skill-building and techniques for caring for frail and vulnerable older adults and themselves.
	3-4 A Family Caregiver Counseling Program will assist Family Caregivers in their roles and tasks to improve their care giving capacity and to avoid burn out.
	3-5 Family Caregiver Support groups will be available through agencies and organizations that provide services to support Family Caregivers.
	3-6 "Sundowner" nights will be available to support Family Caregivers.
	3-7 MCOA will collaborate and coordinate with agencies and organizations to expand respite services to Family Caregivers.
Goal 4: Older Adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.	4-1 MCOA will collaborate with the Executive Office on Aging to establish Ombudsman programs on each island in Maui County.
	4-2 Older adults who are Medicare/Medicaid beneficiaries are more aware of elder rights and benefits through the Sage Watch Program.
	4-3 Older adults who are Medicare/ Medicaid beneficiaries are more aware of elder rights and benefits through the Sage Plus Program.
	4-4 Older adults who participate in End Of Life programs, seminars and other educational opportunities will increase their knowledge of their rights, benefits and privileges.
	4-5 Older adults who participate in elder abuse and neglect programs, seminars and other educational opportunities will increase knowledge of their rights to protect themselves from becoming victims.
	4-6 Older adults who request information about legal advice, counseling, and representation are linked to the appropriate legal resources.
	4-7 Older adults who request legal assistance receive any of the following services: legal advice, counseling and representation.
	4-8 MCOA will advocate and educate for legislation in congruence with federal elder abuse and exploitation laws which will help the elderly to feel less vulnerable by removing language related to dependency.

Goal 5: Older adults have in-home and community-based long term care options	Older adults who may be at risk of institutional placement will receive chore services
	Older adults at risk of institutional placement will receive nutrition, nutrition counseling, and meal delivery to maintain them at home and in community
	Older adults who are at risk of institutional placement will be provided Assistive Technology.
	Older adults at risk of institutional placement will receive personal care services to maintain them at home.
	Older adults who may become at risk of institutional placement will participate in health promotion activities to maintain them at home.
	Older adults who may become at risk will participate in disease prevention services to postpone placement.
	Adults who may become at risk for out of home placement will participate in retirement planning to anticipate needs and resources to remain in home.
	Older adults will participate in long term care planning.
	MCOA will partner with other members of the state and national aging networks to advocate for Insurance premium rebates to participants in health promotion/disease prevention programs and activities.
Goal 6: Hawaii's Communities have the necessary economic, workforce, and physical capacity for an aging society.	6-1 MCOA will collaborate with employers and educational institutions to provide opportunities for individuals to become CNA's
	6-2 MCOA will partner with nursing programs and the Department of Health to develop interest in student nurses for skills and careers in gerontology nurses.
	6-3 MCOA will partner with media outlets and other organizations to educate the public and potential workforce concerning the need for specialization in geriatric services.
	6-4 MCOA will partner with the university, hospital, long term care facilities and other members of the aging network to raise awareness regarding the need for Social workers and mental health professionals in gerontology and to develop curricula and learning experiences.
	6-5 MCOA will take a leadership role with partners and stakeholders in the university and professional schools to Maui aging network to raise awareness of the need for gerontologist (MD, MSN, OT, PT) fields, assist to develop curricula and learning experiences, internships and residencies, etc.
	6-6 MCOA will partner with builders and developers to implement the principals of Designing Livable Communities in future projects.
	6-7 MCOA will support and encourage proactive building codes to build aging friendly communities.

	6-8 MCOA will partner with other stakeholders to educate the community and legislators about the importance of retrofitting existing homes so that the elderly can age in place.
	6-9 MCOA will partner with other stakeholders to educate and encourage legislators on the local, state and federal levels to develop tax incentives for new construction and retrofitting with aging compliant features.
	6-10 MCOA will encourage and recognize organizations in the aging network who collaborate to co-locate components of the system of care (i.e., adult day care, affordable housing, nutrition sites, multi-purpose centers, ICF & SNF, support services and personnel care, etc.).

County of Hawaii

Goal	Objective
<p>Goal 1: Older adults and their caregivers have access to information and an integrated array of health and social supports.</p> <p><u>Services/Categories:</u> Aging and Disability Resource Center (ADRC): Information and assistance and/or referral, outreach, public education</p>	<p>1-1 On an annual basis, at least 15% of older adults and caregivers who received information and assistance services will be connected to appropriate service(s) and resources.</p> <p>1-2 On an annual basis, at least 75% of I&A clients will make appropriate decision(s) as a result of information and assistance received.</p> <p>1-3 To conduct follow-up interviews to 1,800 older adults identified and or referred by HCOA and the ADRC as potentially needing eldercare services.</p> <p>1-4 To identify at least 900 older adults annually and be issued with a senior citizen ID card that could be used as a means of obtaining discounted products and services.</p> <p>1-5 To provide 4,000 older adults, caregivers and service providers with timely, meaningful and useful information by distributing the monthly Silver Bulletin newsletter.</p>
<p>Goal 2: Older adults are active, healthy and socially engaged.</p> <p><u>Services/Categories:</u> Community-Based Services, Health Promotion</p>	<p>2-1 Establish a Healthy Aging Partnership with public and private agencies and elderly consumers.</p> <p>2-2 For the 4 year planning period, implement the Enhanced Fitness program in 8 nutrition sites.</p>
<p>Goal 3: Families are supported in caring for their loved ones.</p> <p><u>Services/Categories:</u> National Family Caregiver Support Program, Aging and Disability Resource Center (ADRC), Caregiver Support, Education, and Training</p>	<p>3-1 To develop and maintain information and outreach displays and presentations about the availability of support services in the community through public education in group settings (health fairs, community service fairs, or community organization meetings.)</p> <p>3-2 Caregivers with access to information and educational materials will be satisfied that the resource materials were pertinent and useful in their role as caregiver.</p> <p>3-3 To provide access to all districts of the island, trained individuals to assess caregiver needs, provide information and assistance that link caregivers to needed services and provide follow-up on an as-needed basis.</p> <p>3-4 Continue to support family caregivers in ways that improve and extend the ability to provide care by strengthening and integrating existing services and expanding innovative services.</p> <p>3-5 To support, plan and/or coordinate three training sessions or conferences relating to caregiver concerns and issues each year.</p>

<p>Goal 4: Older adults are ensured of their rights and benefits and protected from abuse, neglect and exploitation.</p> <p><u>Services/Categories:</u> Legal, Abuse and Neglect, Advocacy</p>	<p>4-1 Establish an advisory committee to address resident rights in long term care facilities through the formation of Volunteer Family Councils.</p> <p>4-2 Advisory committee creates a strategic plan for recruiting, training, and supporting volunteers to advocate on behalf of residents of long term care facilities.</p> <p>4-3 VFC representatives are selected, trained, and placed in long term care and assisted living facilities to advocate on behalf of residents.</p> <p>4-4 On an annual basis, at least 85% of older adults who request information about legal advice, counseling, and representation will be linked to legal resources.</p> <p>4-5 On an annual basis, at least 200 older adults will improve their knowledge of entitlement programs, the legal process, and individual rights.</p> <p>4-6 On an annual basis, at least 10% of older adults receiving legal assistance will increase their ability to make informed legal decisions through the receipt of advice, counseling and representation.</p>
<p>Goal 5: Older adults have in-home and community-based long term care options.</p> <p><u>Services/Categories:</u> Homemaker services, Chore services, Congregate Meals, Nutrition Education, Home Delivered Meals, Kupuna Care, Home Modification Transportation, Assisted Transportation, Service Preference</p>	<p>5-1 For each service year, at least 80% of older adults who receive homemaker/chore POS remain in their home for a minimum of three months.</p> <p>5-2 For each service year, at least 70% of continuing nutrition program participants maintain or improve their nutritional status for three months.</p> <p>5-3 For each service year, at least 70% of congregate meal participants maintain or improve their social well-being.</p> <p>5-4 For each service year, at least 70% of continuing nutrition program participants who receive nutrition education maintain or improve their nutritional status.</p> <p>5-5 For each service year, at least 70% of home-delivered nutrition program participants maintain or improve their nutritional status for six months.</p> <p>5-6 For each service year, at least 75% of Kupuna Care clients who receive home and/or community-based services through the KC program remain in their homes at least three months.</p> <p>5-7 For each service year, at least 75% of KC clients surveyed report their care needs are being met by the program.</p> <p>5-8 For each service year, a minimum of 450 older adults are transported to a congregate meal site three to five days per week.</p> <p>5-9 For each service year, a minimum of 900 older adults receive transportation services to medical health service, shopping assistance and access to other community services.</p> <p>5-10 On an annual basis, at least 75% of older adults who receive home modification services will remain within their homes in a safer environment due to renovations, modifications, and/or adaptations provided by the service.</p>

	<p>5-11 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to low-income minority individuals having greatest economic and social needs so at least 50% of individuals served will be of low-income minority.</p> <p>5-12 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to older individuals living in rural areas so at least 75% of individuals served will be older individuals living in rural areas.</p> <p>5-13 On an annual basis, HCOA will maintain contract and monitoring procedures to address Service Preference to those at risk for institutional placement and those with limited English proficiency so that at least 50% of individuals served will be from these target groups.</p>
<p>Goal 6: Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.</p> <p><u>Services/Categories:</u> Community Planning, Safety, Information Technology, Older Worker Training and Employment, Workforce Development and Training, Caregiver Training</p>	<p>6-1 AAA staff will serve as liaisons to state agencies on pedestrian safety issues for older adults as part of planned statewide taskforce.</p> <p>6-2 Develop and maintain a database, and resource information on older individuals in Hawaii County to assist private, public, and community agencies in service and program planning related to pedestrian safety.</p> <p>6-3 Provide training and part-time community service employment opportunities to at least 58 older individuals annually.</p> <p>6-4 For the 4 year planning period, support and coordinate a minimum of 4 workshops and educational seminars for ADRC service providers and additional service providers that reflect identified needs of providers in order to assist them in better serving aging and disabled populations.</p> <p>6-5 For the 4 year planning period, support and coordinate a minimum of 4 workshops and educational seminars for caregivers that reflect identified needs of caregivers.</p>

APPENDIX C: ALLOCATION PLANS, BY AREA AGENCIES ON AGING

County of Kauai

Year 2008

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	36	6,489 Hours	\$19.75	\$97,387	A
Personal Care	28	3,815 Hours	\$22.00	\$84,681	A
Adult Day Care	62	20,616 Hours	\$4.31	\$88,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
<i>Caregiver Support Services</i>					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
Disease Prevention-Enhance Fitness	40	288 sessions	\$190	\$54,690	NO
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

NB = Federal Funds (Title III-Part B)
 NC-1 = Federal Funds (Title III-Part C-1)
 NC-2 = Federal Funds (Title III-Part C-2)
 ND = Federal Funds (Title III-Part D)
 NE = Federal Funds (Title III-Part E)

 NO = Federal Funds (Other)
 A = State General Funds (General Funds)
 S = County Funds (Cash only)
 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.

 O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
 XS = County In-kind
 XO = Other In-kind

**Planned Service Outputs and
Resources Allocation Levels**

Year 2009

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	25	3,412 Hours	\$19.75	\$67,392	A
Personal Care	25	3,403 Hours	\$22.00	\$74,880	A
Adult Day Care	50	15,976 Hours	\$4.31	\$68,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
Disease Prevention-Enhance Fitness	40	288 sessions	\$190	\$54,690	NO
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
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<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

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 A = State General Funds (General Funds)
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 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.

 O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
 XS = County In-kind
 XO = Other In-kind

**Planned Service Outputs and
Resources Allocation Levels**

Year 2010

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
Transportation	125	15,094 Trips	\$8.34	\$125,891	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
Homemaker	25	3,412 Hours	\$19.75	\$67,392	A
Personal Care	25	3,403 Hours	\$22.00	\$74,880	A
Adult Day Care	50	15,976 Hours	\$4.31	\$68,863	A
Friendly Visiting	50	800 Visits	\$7.19	\$5,750	NB
Telephone Reassurance	20	2,080 Calls	\$2.77	\$5,750	NB
Senior Companion Program	30	5,200 Hours	\$0	\$0	
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,467 Meals	\$6.50	\$107,606 \$35,888 \$51,500 \$133,042	NC2 NO S A
Meals-Congregate	175	12,500 Meals	\$6.00	\$75,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	400	2,000 Hours	\$52.50	\$105,000	NB

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 NO = Federal Funds (Other)
 A = State General Funds (General Funds)
 S = County Funds (Cash only)
 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
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 XS = County In-kind
 XO = Other In-kind

**Planned Service Outputs and
Resources Allocation Levels**

Year 2011

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	8,000 Contacts	\$28.30	\$85,262 \$141,122	NB S
Outreach	1,200	1,200 Contacts	\$47.15	\$21,315 \$35,280	NB S
Case Management	100	1,633 Hours	\$57.00	\$65,320 \$27,750	A S
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<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Chore	10	40 Hours	\$25.00	\$1,000	A
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Senior Companion Program	30	5,200 Hours	\$0	\$0	
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling/Support Groups/ Training	50	128 sessions	\$170.00	\$21,768	NE
Respite – In-home	10	1180 Hours	\$22.00	\$25,954	NE
Information Services	90	13 activities	\$560.00	\$7,300	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	625	70,000 Hours	\$1.71	\$77,627 \$41,750	NO S
Health Education/Promotion	300	700 hours	\$10.90	\$7,646	ND
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 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
 O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
 XS = County In-kind
 XO = Other In-kind

**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu**

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units										2008				2009				2010				2011			
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
ACCESS																										
Information & Assistance	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	\$ 172,228	XS	\$ 172,228	XS	\$ 172,228	XS	\$ 172,228	XS	\$ 172,228	XS	\$ 172,228	XS				
Outreach	43,600	43,600	43,600	43,600	43,600	43,600	43,600	43,600	43,600	43,600	\$ 269,282	XS	\$ 269,282	XS	\$ 269,282	XS	\$ 269,282	XS	\$ 269,282	XS	\$ 269,282	XS				
Case Management	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	\$ 534,959	A NE XO PI	\$ 534,959	A NE XO PI	\$ 534,959	A NE XO PI	\$ 534,959	A NE XO PI	\$ 534,959	A NE XO PI	\$ 534,959	A NE XO PI				
Case Management - Abused Elders	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	1,110	13,214	\$ 123,710	A XO PI	\$ 123,710	A XO PI	\$ 123,710	A XO PI	\$ 123,710	A XO PI	\$ 123,710	A XO PI	\$ 123,710	A XO PI				
Transportation - Kupuna Care Regular Alternative	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	500 450 80	24,870 19,500 500	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI	\$ 422,788 \$ 256,357 \$ 28,481	A NB XO PI				

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**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu**

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units											
	2008		2009		2010		2011		2008		2009	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME												
Attendant Care	582	26,935	582	26,935	582	26,935	582	26,935	\$ 99,525 \$ 1,200	A PI	\$ 99,525 \$ 1,200	A PI
Chore - Major Regular	10 700	750 750	10 700	750 750	10 700	750 750	10 700	750 750	\$ 20,000	A	\$ 20,000	A
Homemaker	240	2,850	240	2,850	240	2,850	240	2,850	\$ 69,695	A	\$ 69,695	A
HD Meals Meals Nutrition Counsel Nutrition Educ. Outreach	1,800 152 1,800 2,500	185,684 152 6 3,000	1,750 152 1,800 2,500	180,134 152 6 3,000	1,750 152 1,800 2,500	180,134 152 6 3,000	1,750 152 1,800 2,500	180,134 152 6 3,000	\$ 552,057 \$ 356,186 \$ 39,576 \$ 135,580	A NC-2 XO NO	\$ 552,057 \$ 356,186 \$ 39,576 \$ 135,580	A NC-2 XO NO
Housing Assistance Assistance Linkages	550 200	4,600 N/A	550 200	4,600 N/A	550 200	4,600 N/A	550 200	4,600 N/A	\$ 259,666 \$ 25,852 \$ 8,000	NB XO PI	\$ 259,666 \$ 25,852 \$ 8,000	NB XO PI

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 NE = Federal Funds (Title III-Part E)
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 PI = Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
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**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels**
City and County of Honolulu

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units						2008				2009				2010				2011			
	2008		2009		2010		2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME																						
Para-Professional Services: Counseling	800	2,200	800	2,200	800	2,200							2,200		\$ 66,023	NB	\$ 66,023	NB	\$ 66,023	NB	\$ 66,023	NB
												800			\$ 9,336	XO	\$ 9,336	XO	\$ 9,336	XO	\$ 9,336	XO
															\$ 2,900	PI	\$ 2,900	PI	\$ 2,900	PI	\$ 2,900	PI
Escort	125	800	125	800	125	800						800			\$ 29,344	NB	\$ 29,344	NB	\$ 29,344	NB	\$ 29,344	NB
															\$ 3,260	XO	\$ 3,260	XO	\$ 3,260	XO	\$ 3,260	XO
															\$ 1,300	PI	\$ 1,300	PI	\$ 1,300	PI	\$ 1,300	PI
Literacy/ Language Assistance	265	1,100	265	1,100	265	1,100						1,100			\$ 51,351	NB	\$ 51,351	NB	\$ 51,351	NB	\$ 51,351	NB
															\$ 5,706	XO	\$ 5,706	XO	\$ 5,706	XO	\$ 5,706	XO
															\$ 2,300	PI	\$ 2,300	PI	\$ 2,300	PI	\$ 2,300	PI
Personal Care	775	28,305	775	28,305	775	28,305						28,305			\$ 877,445	A	\$ 877,445	A	\$ 877,445	A	\$ 877,445	A
															\$ 43,800	XO	\$ 43,800	XO	\$ 43,800	XO	\$ 43,800	XO
															\$ 17,700	PI	\$ 17,700	PI	\$ 17,700	PI	\$ 17,700	PI
Respite: Counseling	610	1,500	610	1,500	610	1,500						1,500			\$ 55,382	NB	\$ 55,382	NB	\$ 55,382	NB	\$ 55,382	NB
															\$ 6,153	XO	\$ 6,153	XO	\$ 6,153	XO	\$ 6,153	XO
															\$ 929	PI	\$ 929	PI	\$ 929	PI	\$ 929	PI
Information & Assistance	860	2,000	860	2,000	860	2,000						2,000			\$ 42,250	NB	\$ 42,250	NB	\$ 42,250	NB	\$ 42,250	NB
															\$ 4,694	XO	\$ 4,694	XO	\$ 4,694	XO	\$ 4,694	XO
															\$ 649	PI	\$ 649	PI	\$ 649	PI	\$ 649	PI
Linkages	230	260	230	260	230	260						260			\$ 45,104	NB	\$ 45,104	NB	\$ 45,104	NB	\$ 45,104	NB
															\$ 5,011	XO	\$ 5,011	XO	\$ 5,011	XO	\$ 5,011	XO
															\$ 162	PI	\$ 162	PI	\$ 162	PI	\$ 162	PI

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EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units						2008		2009		2010		2011		2008		2009		2010		2011	
	2008		2009		2010		2011		2008		2009		2010		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - COMMUNITY BASED																						
Senior Centers																						
District 1																						
Assisted Trans	10	187	10	187	10	187	10	187														
Counseling	31	39	31	39	31	39	31	39														
Education/Training	104	54	104	54	104	54	104	54														
Escort	4	16	4	16	4	16	4	16														
Exercise/Phys Fit	239	624	239	624	239	624	239	624														
Friendly Visiting	12	48	12	48	12	48	12	48														
Health Educ/Promo	42	10	42	10	42	10	42	10														
Health Screenings	39	96	39	96	39	96	39	96														
Info & Assistance	39	208	39	208	39	208	39	208														
Literacy/Lang Assis	18	104	18	104	18	104	18	104														
Recreation/Leisure	260	533	260	533	260	533	260	533														
Telephone Reassurance	8	1,279	8	1,279	8	1,279	8	1,279														
Transportation	156	3,172	156	3,172	156	3,172	156	3,172														
Volunteer Oppor.	117	9,880	117	9,880	117	9,880	117	9,880														
District 2																						
Education/Training	240	17	240	17	240	17	240	17														
Exercise/Phys Fit	215	200	215	200	215	200	215	200														
Health Educ/Promo	205	6	205	6	205	6	205	6														
Health Screenings	135	370	135	370	135	370	135	370														
Recreation/Leisure	470	685	470	685	470	685	470	685														
									\$ 106,278	A	\$ 106,278	A	\$ 106,278	A	\$ 106,278	A	\$ 106,278	A	\$ 106,278	A	\$ 106,278	A
									\$ 44,200	PI	\$ 44,200	PI	\$ 44,200	PI	\$ 44,200	PI	\$ 44,200	PI	\$ 44,200	PI	\$ 44,200	PI
									\$ 123,722	A	\$ 123,722	A	\$ 123,722	A	\$ 123,722	A	\$ 123,722	A	\$ 123,722	A	\$ 123,722	A
									\$ 31,100	PI	\$ 31,100	PI	\$ 31,100	PI	\$ 31,100	PI	\$ 31,100	PI	\$ 31,100	PI	\$ 31,100	PI

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Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units											
	2008			2009			2010			2011		
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Persons	Units
SUPPORTIVE SERVICES - COMMUNITY BASED												
Adult Day Care	30	1,876	30	1,876	30	1,876	30	1,876	30	1,876		
Health Maintenance Counseling Educ/Promo Screening	320 300 300 320	2,300 900 900 1,150	350 330 355	2,500 900 1,150	380 363 390	2,725 900 1,150	414 399 429	2,970 900 1,150				
Health Prevention Chronic Disease Self Management Pgm												
Congregate Meals	1,762 460 2,550 1,600	141,017 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000	1,734 460 2,550 1,600	138,776 3,550 9,000 4,000				
LEGAL												
Education Sessions	1,500	50	1,700	60	1,900	70	2,100	80				
Cases - Complex	N/A	25	N/A	28	N/A	31	N/A	34				
Simple	N/A	375	N/A	400	N/A	425	N/A	450				
Service	400	2,000	400	2,000	400	2,000	400	2,000				

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**EXHIBIT U-1: Planned Service Output
and Resources Allocation Levels
City and County of Honolulu**

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units										2008						2009						2010						2011					
	2008		2009		2010		2011		2008		2009		2010		2011		2008		2009		2010		2011		2008		2009		2010		2011			
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source				
SUPPORTIVE SERVICES - CAREGIVER SUPPORT Access Assistance	125	2,500	125	2,500	125	2,500	125	2,500	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400	NE XO PI	\$ 121,300 \$ 13,477 \$ 2,400			
	Group 1 Counseling	40	30	40	30	40	30	40	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800	NE XO PI	\$ 81,000 \$ 9,000 \$ 800			
	Support Groups	25	12	25	12	25	12	25	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639	NE XO	\$ 59,750 \$ 639			
	Training	20	18	20	18	20	18	20	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700	NE XO	\$ 37,250 \$ 4,139 \$ 700			
Group 2 Information Services	25	25	25	25	25	25	25	25	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667	NE XO	\$ 42,000 \$ 4,667			
Respite Care	25	5,000	30	5,500	40	6,000	45	6,500	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667	NE XO	\$ 60,000 \$ 6,667			
Supplemental Services	20	20	20	20	20	20	20	20	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556	NE XO	\$ 5,000 \$ 556			

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ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2008	2009	2010	2011	2008	2009	2010	2011		2008	2009	2010	2011	
ACCESS														
Information & Assistance	2,293	2,293	2,293	2,293	5,774	5,774	5,774	5,774	Contacts	\$159,748.00	\$159,748.00	\$159,748.00	\$159,748.00	NB
Outreach	412	412	412	412	412	412	412	412	Contacts	\$10,078.00	\$10,078.00	\$10,078.00	\$10,078.00	NB
Case Management	38	38	38	38	1,717	1,717	1,717	1,717	Hours	\$68,714.38	\$68,714.38	\$68,714.38	\$68,714.38	A
Transportation	530	530	530	530	20,978	20,978	20,978	20,978	Trips	\$146,068.00	\$146,068.00	\$146,068.00	\$146,068.00	A
Transportation										\$381,983.00	\$381,983.00	\$381,983.00	\$381,983.00	S
Transportation										\$24,909.00	\$24,909.00	\$24,909.00	\$24,909.00	PI
SUPPORTIVE: IN-HOME														
Chore	164	164	164	164	741	741	741	741	Hours	\$15,709.00	\$15,709.00	\$15,709.00	\$15,709.00	A
Chore										\$138.00	\$138.00	\$138.00	\$138.00	PI
Homemaker	217	217	217	217	3,146	3,146	3,146	3,146	Hours	\$72,000.00	\$72,000.00	\$72,000.00	\$72,000.00	A
Homemaker										\$434.00	\$434.00	\$434.00	\$434.00	PI
Personal Care	112	112	112	112	7,838	7,838	7,838	7,838	Hours	\$184,087.00	\$184,087.00	\$184,087.00	\$184,087.00	A
Personal Care										\$2,366.64	\$2,366.64	\$2,366.64	\$2,366.64	PI
Adult Day Care	45	45	45	45	6,384	6,384	6,384	6,384	Hours	\$55,860.00	\$55,860.00	\$55,860.00	\$55,860.00	A
Friendly Visiting	275	275	275	275	6,000	6,000	6,000	6,000	Visits	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	NB
Telephone Reassurance	225	225	225	225	7,250	7,250	7,250	7,250	Calls	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	NB
NUTRITION														
Congregate Meals	1,343	1,343	1,343	1,343	96,842	96,842	96,842	96,842	Meals	\$123,651.00	\$123,651.00	\$123,651.00	\$123,651.00	NC1
Congregate Meals										\$55,476.45	\$55,476.45	\$55,476.45	\$55,476.45	NO
Congregate Meals										\$683,442.00	\$683,442.00	\$683,442.00	\$683,442.00	S
Congregate Meals										\$211,102.00	\$211,102.00	\$211,102.00	\$211,102.00	PI
Home Delivered Meals	741	741	741	741	104,544	104,544	104,544	104,544	Meals	\$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00	NC2
Home Delivered Meals										\$546,354.00	\$546,354.00	\$546,354.00	\$546,354.00	S
Home Delivered Meals										\$59,546.00	\$59,546.00	\$59,546.00	\$59,546.00	NO
Home Delivered Meals										\$90,595.00	\$90,595.00	\$90,595.00	\$90,595.00	A
Home Delivered Meals										\$112,596.00	\$112,596.00	\$112,596.00	\$112,596.00	PI
Nutrition Education	1,220	1,220	1,220	1,220	172	172	172	172	Sessions	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	ND

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2008	2009	2010	2011	2008	2009	2010	2011		2008	2009	2010	2011	
LEGAL														
Legal	312	312	312	312	1,407	1,407	1,407	1,407	Hours	\$54,000.00	\$54,000.00	\$54,000.00	\$54,000.00	NB
Legal										\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	PI
CAREGIVER SUPPORT														
Information Services	2,356	2,356	2,356	2,356	50	50	50	50	Activity	\$4,104.00	\$4,104.00	\$4,104.00	\$4,104.00	NE
Support Groups	139	139	139	139	72	72	72	72	Sessions	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	NE
Training	536	536	536	536	14	14	14	14	Sessions	\$1,800.00	\$1,800.00	\$1,800.00	\$1,800.00	NE
Respite - Day Care	19	19	19	19	1,132	1,132	1,132	1,132	Hour	\$9,905.00	\$9,905.00	\$9,905.00	\$9,905.00	NE
Respite - Personal Care	27	27	27	27	2,472	2,472	2,472	2,472	Hour	\$55,713.00	\$55,713.00	\$55,713.00	\$55,713.00	NE
Respite - Personal Care										\$3,092.90	\$3,092.90	\$3,092.90	\$3,092.90	PI
Respite - In Home	25	25	25	25	2,492	2,492	2,492	2,492	Hour	\$15,600.00	\$15,600.00	\$15,600.00	\$15,600.00	NE
Supplemental Services: Legal	6	6	6	6	49	49	49	49	Reequists	\$1,940.00	\$1,940.00	\$1,940.00	\$1,940.00	NE

Funding codes are as follows:

N	=	Federal Funds (Title III)
NB	=	Federal Funds (Title III-Part B)
NC-1	=	Federal Funds (Title III-Part C-1)
NC-2	=	Federal Funds (Title III-Part C-2)
ND	=	Federal Funds (Title III-Part D)
NE	=	Federal Funds (Title III-Part E)
NO	=	Federal Funds (Other)
A	=	State General Funds (General Funds)
S	=	County Funds (Cash Only)
PI	=	Includes all income generated by the program including client voluntary contributions, money raised by the program through fund raising activities (such as bake sales, etc.); proceeds from the sale of tangible property, royalties, etc.
O	=	Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
XS	=	County In-Kind
XO	=	Other In-Kind

ALLOCATION PLAN AND SERVICE OUTPUTS: HAWAII COUNTY OFFICE OF AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2008	2009	2010	2011	2008	2009	2010	2011		2008	2009	2010	2011	
Case Management	300	300	300	300	11,000	11,000	11,000	11,000	Hour	319,928	319,928	319,928	319,928	A
Adult Day Care	25	25	25	25	5,000	5,000	5,000	5,000	Hour	25,000	25,000	25,000	25,000	A
Assisted Transportation	20	20	20	20	750	750	750	750	Trip	24,000	24,000	24,000	24,000	A
Heavy Chore	5	5	5	5	150	150	150	150	Hour	1,000	1,000	1,000	1,000	A
Homenaker	50	50	50	50	1,200	1,200	1,200	1,200	Hour	20,000	20,000	20,000	20,000	A
Personal Care	125	125	125	125	6,500	6,500	6,500	6,500	Hour	150,585	150,585	150,585	150,585	A
Transportation - CSE	1,100	1,100	1,100	1,100	33,000	33,000	33,000	33,000	Trip	33,000	33,000	33,000	33,000	NB
Transportation - CSE										300,000	300,000	300,000	300,000	XS
Transportation - CSE										15,000	15,000	15,000	15,000	PI
Transportation - HCEOC	400	400	400	400	55,500	55,500	55,500	55,500	Trip	166,171	166,171	166,171	166,171	NB
Transportation - HCEOC										140,950	140,950	140,950	140,950	XO
Transportation - HCEOC										2,000	2,000	2,000	2,000	PI
Transportation - HCNP	150	150	150	150	17,000	17,000	17,000	17,000	Trip	40,245	40,245	40,245	40,245	NB
Transportation - HCNP										56,552	56,552	56,552	56,552	XS
Transportation - HCNP										2,500	2,500	2,500	2,500	PI
Congregate Meals	1,000	1,000	1,000	1,000	84,000	84,000	84,000	84,000	Meal	196,700	196,700	196,700	196,700	NC-1
Congregate Meals										370,552	370,552	370,552	370,552	XS
Congregate Meals										80,000	80,000	80,000	80,000	PI
Congregate Meals										45,000	45,000	45,000	45,000	NO
Home Delivered Meals	300	300	300	300	41,116	41,116	41,116	41,116	Meal	86,755	86,755	86,755	86,755	NC-2
Home Delivered Meals										86,291	86,291	86,291	86,291	XS
Home Delivered Meals										54,000	54,000	54,000	54,000	PI
Home Delivered Meals										20,000	20,000	20,000	20,000	NO
KC Home Delivered Meals	200	200	200	200	27,383	27,383	27,383	27,383	Meal	62,159	62,159	62,159	62,159	A
KC Home Delivered Meals										129,252	129,252	129,252	129,252	XS
KC Home Delivered Meals										36,000	36,000	36,000	36,000	PI
KC Home Delivered Meals										25,000	25,000	25,000	25,000	NO
Nutrition Education	1,500	1,500	1,500	1,500	4,500	4,500	4,500	4,500	Session	7,500	7,500	7,500	7,500	NC-1

ALLOCATION PLAN AND SERVICE OUTPUTS: HAWAII COUNTY OFFICE OF AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount			
	4,100	4,100	4,100	4,100	42,000	42,000	42,000	42,000		23,376	23,376	23,376	NB
Public Education									Issue				
Public Education										5,400	5,400	5,400	XO
Outreach	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	Person	32,000	32,000	32,000	NB
										300,000	300,000	300,000	XS
Community Partnerships	70	70	70	70	40	40	40	40	Meeting	16,000	16,000	16,000	NB
Home Modification	220	220	220	220	600	600	600	600	Person	15,000	15,000	15,000	NB/ND
Legal	260	260	260	260	2,066	2,066	2,066	2,066	Hour	72,315	72,315	72,315	NB
Legal										1,200	1,200	1,200	PI
Legal										20,202	20,202	20,202	XO
Caregiver Program - Counseling	20	20	20	20	60	60	60	60	Hour	4,000	4,000	4,000	NE
Caregiver Program - Respite	115	115	115	115	3,400	3,400	3,400	3,400	Hour	65,000	65,000	65,000	NE
Caregiver Program - Supp Svcs	30	30	30	30	175	175	175	175	Various	6,000	6,000	6,000	NE
Caregiver Program - Access Asst	170	170	170	170	1,025	1,025	1,025	1,025	Contact	39,000	39,000	39,000	NE
Caregiver Program - Info Services	950	950	950	950	4	4	4	4	Activity	1,000	1,000	1,000	NE

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NE	=	Federal Funds (Title III-Part E)
NO	=	Federal Funds (Other)
A	=	State General Funds (General Funds)
S	=	County Funds (Cash Only)
PI	=	Includes all income generated by the program including client voluntary contributions, money raised by the program through fund raising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
O	=	Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
XS	=	County In-Kind
XO	=	Other In-Kind

APPENDIX D: Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2005).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2005).

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2005).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2005).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (FSRR, 2005).

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (12)).

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2005).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2005).

Information and Assistance: A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2005).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2005).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status. (FSRR, 2005).

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. (FSRR, 2005).

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2005).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2005).

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Transportation: Transportation from one location to another. Does not include any other activity. (FSRR, 2005).

2. Services to Caregivers

Information Services: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2005).

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2005).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2005).

Respite Care: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2005).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers.

Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2005).

3. Facilities

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (25)).

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (33)).

4. Special Populations and Definitions Related to Special Populations

Adult Child with a Disability means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (15)).

At Risk for Institutional Placement: With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 101 (45)).

Child: An individual who is not more than 18 years of age or who is an individual with a disability. (OAA, Sec. 372 (1)).

Disability: (Except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

- (1) **Abuse:** The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).
- (2) **Exploitation:** The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (24)).
- (2) **Neglect** means: (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (34)).
- (4) **Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment,

requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (26)).

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or stepgrandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27)).

Greatest Social Need: The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2005).

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2005).

Living Alone: A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2005).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (35)).

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2005).

Rural: A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

5. Ethnic Groups

Black or African American: A person having origins in any of the black racial groups of Africa. (FSRR, 2005).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2005).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine

Islands, Thailand, and Vietnam. (FSRR, 2005).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2005).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2005).

6. Other Definitions

Aging and Disability Resource Center' means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing— (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, 102 Sec (44)).

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (16)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (17)).

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10)).

Elder Justice: Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (47)).

Long-term care: Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (50)).

Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37)).

Minority Provider: A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

7. State-Funded In-Home Services

Attendant care: The service provides primarily stand-by assistance, supervision or cues, and may include other activities to help maintain the independence of older adults.

Counseling: Using the casework mode of interactive contact with a client (through interview, discussion, or lending a sympathetic ear) the service offers guidance to enable older persons to resolve concrete or emotional problems or to relieve temporary stresses. Professional or paraprofessional counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff with the scope or practice of the profession.

Friendly visiting: The service provides planned one-on-one visits on a regular, scheduled basis to persons age 60 and over living at home to help reduce feelings of loneliness and isolation, and reassure safety and well-being. It may include reading, talking, listening, writing letters or performing other similar tasks.

Telephone reassurance: Phoning on a regular scheduled basis in order to provide comfort or help, and/or to check on the well-being and safety of an older adult who may be homebound, lives alone, or is temporarily alone.

Literary and language assistance: Assistance provided by paraprofessionals to elderly individuals needing explanation and technical assistance with their business correspondence, applications for entitlements, and money management, as well as to those who have language barriers or are functionally disabled.

Sources:

(FSRR) Federal and State Reporting Requirements, 2005.

(OAA) Older Americans Act, as amended.